

No. 2
4-13-40
5-17-39
P1 X23152

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4370

State File No. _____

Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution: 747 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John H. Fein

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carrie M. Fein 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 17, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 28 hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Govt. Meat Inspector

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Fein
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Clare M. Fein

(b) Address 747 Forest

17. (a) Burial (b) Date thereof 1-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JAN 16 1941 (b) J. K. Meyer
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 747 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 1/5/41
_____, 19____, to 1/15/41, 19____;
that I last saw him alive on 1/13/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Duration 10 days

Due to Cardio-nephritis 3 years

Due to _____

Other conditions 1/13/41
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. K. Meyer (M. D. or other) M.D.
Address 2221 Big Bend Bl. Date signed 1/16/41

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. H. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.